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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/IL99/00670 12/08/1999  
 and is a CIP of 09/701,531 11/28/2000  
 which is a 371 of PCT/IL99/00284 05/30/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

ISRAEL 124694 05/29/1998  
 ISRAEL 129067 03/19/1999

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 02/12/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 54	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

026418

**TITLE**

Vascular surgery

FILING FEE RECEIVED 4304	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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